

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

209-62-001769  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

AMENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>65 YRS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4119 State Line</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Nicholas N.</b> Middle <b>Irwin</b> Last <b>Irwin</b>		4. DATE OF DEATH Month <b>JANUARY</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16 - 1883 - 78 -</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seavice Station Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Seavice Station</b>	
11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>	
13a. FATHER'S NAME <b>William Irwin</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Clemens</b>	
14. NAME OF HUSBAND OR WIFE <b>Thelma A. Irwin</b>		Address <b>4119 State Line</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Wife</b>	
17. INFORMANT <b>Thelma A. Irwin</b>		Address <b>Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarct Heart Disease</b> DUE TO (b) <b>Sudden Decomensation</b> DUE TO (c) <b>post-operatively amputation</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Some Renal failure</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>10:30</b> a.m. Month, Day, Year <b>Jan 10 1962</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KC Mo</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>Oct 1956</b> to <b>Jan 10 62</b> and last saw her alive on <b>Jan 10 62</b> Death occurred at <b>10:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. Bennett</b> (Degree of title)		22b. ADDRESS <b>409 E 63rd St KC Mo</b>	
22c. DATE SIGNED <b>1/11/62</b>		22d. CITY, TOWN, OR COUNTY <b>Kansas City Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN 13-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem</b>		23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR <b>Shelton, 1901 Olath Blvd, Kansas City 3, K</b>		25. DATE RECD. BY LOCAL REG. <b>1-13-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D. Bennett

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009  
P. O. Address Overland Park.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.